



State Employees' Charitable Campaign
SPECIAL EVENT
REPORT ENVELOPE

**FOR CAMPAIGN ADMINISTRATORS
USE ONLY**

Pick Up/Drop Off: ____/____/____

UWD Representative: _____

UWD Andar Number: _____

PLEASE COMPLETE:

DEPARTMENT/SECTION: _____

DDS CODE: _____

ADDRESS: _____

CITY/ZIP: _____

NAME OF CAPTAIN: _____

PHONE NUMBER OF CAPTAIN:: _____

EMAIL OF CAPTAIN: _____

SPECIAL EVENT MONIES ONLY
(Cash and Checks Only)

| Name of Approved Charity | Agency 5-Digit Code | Total Cash | Total Checks | Total Gift |
|--------------------------|---------------------|------------|--------------|------------|
| | | \$ | \$ | \$ |
| | | \$ | \$ | \$ |
| | | \$ | \$ | \$ |
| Total in Envelope | | \$ | \$ | \$ |

By signing below, I am affirming the validity of this envelope face and content.

NOTE: Two (2) signatures (SEALED ENVELOPE) are required.

Chair: _____ Date: ____/____/____

Captain: _____ Date: ____/____/____

Haslet Armory Point Person #1: _____ Date: ____/____/____

Haslet Armory Point Person #2: _____ Date: ____/____/____

Please Keep a Copy for Your Records

IMPORTANT REMINDER

All Kent and Sussex County envelopes will be delivered to
Laura Gott at the Haslet Armory.

All New Castle County envelopes will be picked up by United
Way. To schedule a pick up contact Deborah Armstrong at
darmstrong@uwde.org.

In All Instances

Please Schedule A Pick Up Or Drop Off
"DO NOT JUST LEAVE AN ENVELOPE"